## REQUEST

nternational Application No.
nternational Filing Date
lame of receiving Office and "PCT International Application"
policant's or agent's 616

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.	Name of receiving Off	fice and "PCT International Application"			
	Applicant's or agent's (if desired) (12 charact	file reference ers maximum) MDC-P-005P			
BOX NO. I TITLE OF INVENTION GAMMA-TOCOPHEROL THERAPY FOR REST					
Box No. II APPLICANT This person	is also inventor				
Name and address: (Family name followed by given name; for a legal entil The address must include postal code and name of country: The country of th Box is the applicant's State (that is, country) of residence if no State of residenc	ty, full official designation	Telephone No. 707-545-5700			
MEDLOGICS DEVICE CORPORATION 3589 Westwind Blvd. Santa Rosa, CA 95403	Facsimile No. 707-545-8450				
United States of America		Teleprinter No.			
State (st. a		Applicant's registration No. with the Office			
State (that is, country) of nationality: USA	State (that is, country)	of residence:			
This person is applicant all designated for the purposes of:  all designated all designated the United States		he United States of America only the States indicated in the Supplemental Box			
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH)	ER) INVENTOR(S)				
Name and address: (Fomily name followed by given name; for a lagal entity The address must include postal code and name of country. The coisety of the Boat is the applicant's State (that is, country) of residence (fro State of residence James W. Larrick 2462 Wyandotte Street	This person is:  applicant only  applicant and inventor				
Mountain View, California 94043 USA		inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office			
State (that is, country) of nationality:	State (that is, country) o				
This person is applicant all designated all designated or the purposes of.	tates except the	the States indicated in the Supplemental Roy			
Further applicants and/or (further) inventors are indicated on a	continuation sheet.	America only the Supplemental Box			
30x No. IV AGENT OR COMMON REPRESENTATIVE; C	R ADDRESS FOR CO	ORRESPONDENCE			
he person identified below is hereby/has been appointed to act on be if the applicant(s) before the competent International Authorities as:	ehalf x ag	gent common representative			
lame and address: (Family name followed by given name; for a legal entity, f The address must include postal code and name of coun C. Rachal Winger	full official designation. T	elephone No. 206-623-7580			
Preston Gates & Ellis, LLP 925 Fourth Avenue	F	acsimile No. 206-623-7022			
Suite 2900	<u> </u>	eleprinter No.			
Seattle, Washington 98104-1158 JSA		gent's registration No. with the Office			
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.					
addition to will	or correspondence shou	iid de sent.			

Continuation of Box No. III FU JER APPLICANT(S) AND/OR (FURTHER) INVEN (S)				
If none of the following sub-boxes is used, this sheet should not		quest.		
Name and address: (Femily name followed by given name; for a legal entitle address are include proof and easy (owner); The country after fixed after arm include proof and easy (owner); The country of fixed fixed is the applicant's State (that is, country) of residence if no State of residence 3 and 1 and	This person is:  applicant only  applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
		Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country, US	of residence:		
	tes of America	the United States of America only the States indicated in the Supplemental Box		
Name and address: (Tenthyrmun fallowed by given name; for a legal entity The address must include posted acide many of country. The sountry of the Box is the applicant's State (that is, country) of residence if no State of residence to the applicant of the state	v, full official designation. eaddress indicated in this is indicated below.)	This person is:  applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)	of residence:		
This person is applicant all designated for the purposes of.	States except les of America	the United States of America only the States indicated in the Supplemental Box		
Name and address: (Pointly name followed by given same, for a logal entry). The address and include posted code and more of course): No course of the Box is the applicant's State (that is, country) of residence (fro State of residence in the applicant's State (that is, country) of residence (fro State of residence in the applicant's State (that is, country) of residence (fro State of residence in the applicant's State (that is, country) of residence (fro State of residence in the applicant's State (that is, country) of residence (fro State of residence in the applicant's State of residence in the applicant's State of residence in the applicant is state of the applicant in the applicant is stated in the applicant in the applicant in the applicant is stated in the applicant in the applicant in the applicant in the applicant is stated in the applicant		This person is:  applicant only  applicant and inventor inventor only (If this check-base is near keef, do not fill in below.)  Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)	of residence;		
This person is applicant for the purposes of:  all designated States all designated the United State		he United States the States indicated in the Supplemental Box		
Name and address: Fourty-mane fationed by given same, for a logal simily the address must include product odes and manne of county. It has company of the Boxt to the applicant 's State (that is, country) of residence. If no State of residence to the applicant 's State (that is, country) of residence.		This person is:  applicant only  applicant and inventor  inventor only (fifth check-box is marked, do not fill in below).  Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country) o	f residence:		
This person is applicant all designated States all designated States all designated States	tales except the s of America of	e United States the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated on another continuation sheet.				

- (i) If more than two persons are to be indicated as applicants Walker, T., Reg., 41,521 and/or inventors and no "continuation sheet" is available: in Chow E., Reg., 46,191 and/or activation person the same type of highermation at required a characteristic persons of the same type of highermation at required in the control of the date as addicated in this Box. In York, C.J., Reg., 34,216 at the application of the late. It country) of restdence if no State Schwartz, J., Reg., 39,019 of restdence is indicated below, "Rikky, A., Reg., 42,185
- (ii) If, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is
- if, in Box No. II or in any of the sub-boxes of Box No. III, the fin Bax No. II or in any of the sub-boxes of Bax No. II, the inventor or the inventor of the i inventor.
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition, inventor's certificate of addition: in such a case, write the name or two-letter code of addition: In such a case, write the name or two-letter code of earth-designed date concerned and the indicator "patent of addition," "certificate of addition," "Inventor's certificate of addition," "cultific certificate of addition, "Inventor's certificate of addition," "cultification or parent patent or other parent grant or the parent application or parent patent or other parent grant and the date of given of the parent patent or other parent grant and the date of given of the parent application (Pates 4.11(a)(tit) and 486.6.(a) or (b).
- If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuationin-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).

Sung, L., Reg. 38,330 Tikku, A., Reg. 42,185 Hopkins, J., Reg. 48,969

Preston Gates & Ellis, LLP 1900 Main Street, Suite 600 Irvine, CA 92614-7319 USA

Tel 949-253-0900 Fax 949-253-0902

The filing of this requ	est constitutes under Rule 4.9(a), t	the designation of all Cont	tracting States bound but	to DOT di i		
However,	nt of every kind of protection avail	able and, where applicable	e, for the grant of both re	ne PC1 on the internations gional and national patents		
However,						
	not designated for any kind of nat					
KR Republic of Korea is not designated for any kind of national protection						
	deration is not designated for any l					
the national law, of an such national law pro	re may be used to exclude (irrevocab earlier national application from w visions in these and certain other S	oly) the designations conce which priority is claimed. I tates.)	rned in order to avoid the See the Notes to Box No.	ceasing of the effect, under V as to the consequences o		
Box No. VI PRIO	RITY CLAIM					
The priority of the foll	owing earlier application(s) is here	by claimed:				
Filing date	Number	1	Where earlier application	ie.		
of earlier application (day/month/year)	n of earlier application	national application:	regional application:*			
		of WTO	regional Office	international application receiving Office		
item (1) 21/10/2003	60/513,299	us				
item (2)						
item (3)						
☐ Further priority cl	aims are indicated in the Supplement	ntal Box.				
The receiving Office is	requested to prepare and transmit	all the second				
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:						
all items	7 —	_	_			
* Where the earlier conflication is an APIRO						
Industrial Property or o		Samuella de la constanti de la	arlier application was fil	ed (Rule 4.10(b)(ii)):		
	NATIONAL SEARCHING AUT					
international search, inc	d Searching Authority (ISA) (if the licate the Authority chosen; the two-	vo or more International Se letter code may be used):	earching Authorities are o	competent to carry out the		
	of earlier searchs, reference to the	······				
	of earlier search; reference to th Authority):	at search (if an earlier sec	arch has been carried out	by or requested from the		
Date (day/month/year)	Numbe	er Counti	ry (or regional Office)	ū.		
Box No. VIII DECLA	RATIONS					
The following declarati check-boxes below and i	ions are contained in Boxes Nos. Vindicate in the right column the number	III (i) to (v) (mark the app her of each type of declarat	plicable tion):	Number of declarations		
Box No. VIII (i)	Declaration as to the identity					
Box No. VIII (ii)						
Box No. VIII (iii)						
Box No. VIII (iv)		ion of inventorship (only for the purposes of the designation of the				
Box No. VIII (v)	Declaration as to non-prejud	icial disclosures or except	ions to lack of novelty	;		

AGE	OF FILING	
This international application contains:  (a) In paper form, the following number of sheets:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
request (including	1. Ke fee calculation sheet	: 1
declaration sheets) ; 4	2. Original separate power of attorney	
description (excluding	3. original general power of attorney	
sequence listing and/or tables related thereto) : 34	4. copy of general power of attorney; reference number, if any:	
claims : IO abstract : 1	5. Statement explaining lack of signature	
Accessor to the second	6. priority document(s) identified in Box No. VI as	:
Cub total annual and distant	item(s):	
Sub-total number of sheets : 50 sequence listing	7. translation of international application into (language):	
tables related thereto : (for both, actual number of	separate indications concerning deposited microorganism or other biological material	n :
sheets if filed in paper form, whether or not also filed in computer readable form;	sequence listing in computer readable form (indicate type and number of carriers)	
see (c) below)	(i) copy submitted for the purposes of international search	h under
Total number of sheets : 5 6  (b) only in computer readable form (Section 801(a)(i))	(ii) (only where check-box (b)(i) or (c)(i) is marked in left col additional copies including, where applicable, the cop purposes of international search under Rule 13ee	umn) y for the
(i) sequence listing (ii) tables related thereto	(iii) together with relevant statement as to the identity of the copies with the sequence listing mentioned in left colu	e copy or
(c) also in computer readable form (Section 801(a)(ii))	<ol> <li>tables in computer readable form related to sequence listin (indicate type and number of carriers)</li> </ol>	ıg
(i) sequence listing (ii) tables related thereto	<ul> <li>copy submitted for the purposes of international search Section 802(b-quater) only (and not as part of the international search s</li></ul>	ı under mational
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are	application)  (ii) (only where check-box (b)(ii) or (c)(ii) is marked in left conditional copies including, where applicable, the copy	dumn)
contained the	purposes of international search under Section 802(6-c	quater) :
sequence listing:	<ul> <li>(iii) I together with relevant statement as to the identity of the copies with the tables mentioned in left column</li> </ul>	e copy or
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	11. 🗷 other (specify): Postcard; Check for \$2466.00	
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English	
Box No. X SIGNATURE OF APPLICAN' Next to each signature, indicate the name of the person sig	F. AGENT OR COMMON REPRESENTATIVE ning and the capacity in which the person signs (if such capacity is not obvious from	n reading the request).
Louis C. Cultural		
	For receiving Office use only	
Date of actual receipt of the purported international application:	2	. Drawings:
morning approaudit.		_ `
<ol> <li>Corrected date of actual receipt due to later b timely received papers or drawings completing the purported international application;</li> </ol>	ut g	received;
Date of timely receipt of the required corrections under PCT Article 11(2):		not received:
International Searching Authority (if two or more are competent): ISA /	6. Transmittal of search copy delayed until search fee is paid	
	For International Bureau use only	
Date of receipt of the record copy by the International Bureau:		*

- For recei, and Office use only -FEE CALCULATION SHEET International Application No. Annex to the Request Applicant's or agent's file reference MDC-P-005P Date stamp of the receiving Office Applicant MEDLOGICS DEVICE CORPORATION CALCULATION OF PRESCRIBED FEES 300.00 TT 1. TRANSMITTAL FEE . . . . . . 1000.00 S International search to be carried out by (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.) 3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets

} 50 il first 30 sheets . . 1134.00 iii 20 12 240.00 [7] number of sheets fee ner sheet in excess of 30 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): 400 x fee per sheet 1,374.00 Add amounts entered at i1, i2 and i3 and enter total at 1 . . . . (Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.) 20.00 P 4. FEE FOR PRIORITY DOCUMENT (if applicable) 2,694.00 Add amounts entered at T, S, I and P, and enter total in the TOTAL box TOTAL MODE OF PAYMENT authorization to charge deposit account (see below) postal money order cash coupons cheque bank draft revenue stamps other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT Receiving Office: RO/ US (This mode of payment may not be available at all receiving Offices) 50-3207 Deposit Account No.: Authorization to charge the total fees indicated above. Date: Preston Gates (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Name: Louis C Authorization to charge the fee for priority document. Signature:

See Notes to the fee calculation sheet